

Community Mobilization Data Entry Forms

CM Checklist

This form is to assist in tracking the completion of annual Safe and Drug Free planning and year-end reporting.

CM Program Name: _____

Annual Plan/Application	Completed ✓	Notes
Organization Information		
Program Compliance		
Needs Assessment		
Program Objectives		
Planned Activities		
<i>On CTED Website</i>		
<i>Budget</i>		
<i>Organizational Chart</i>		
<i>Signature Page</i>		
Date Submitted for Approval		
Date Approved		

CM Checklist

This form is to assist in tracking the completion of annual Safe and Drug Free planning and year-end reporting.

Year End Reporting	Completed ✓	Notes
Final Activity Reporting		
Outcome Reporting		
Year End Evaluation		
Date Submitted for Approval		
Date Approved		

Organization Information

This form can be used to compile organizational information to enter into the Safe and Drug Free Data System. All information is required unless otherwise noted. Reference the Data System Desk Reference for further information.

Report Year _____

Tax ID # _____

UBI # _____

SWV # _____

Mission

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Program Overview

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Organization Information

This form can be used to compile organizational information to enter into the Safe and Drug Free Data System. All information is required unless otherwise noted. Reference the Data System Desk Reference for further information.

Organizational Contacts (both a primary contact and a policy board chair contact are required)

Type	Name: First, Last	Title	Phone	E-mail

* Type = (P) Primary, (S) Secondary, (PBC) Policy Board Chair

Program Compliance

This form can be used to compile compliance information to enter into the Safe and Drug Free Data System. All information is required unless otherwise noted. Reference the Data System Desk Reference for further information.

	Yes ✓	No ✓
Does the program have policies and procedures to ensure the Community Mobilization (CM) Policy Board includes diverse representation from community partners, including education, treatment, local government, law enforcement, and parents or parent organization? (RCW 46.270)		
If the program chooses to contract services to sub-contractor, does the program have oversight mechanisms in place to ensure the sub-contractors will abide by CM program policies and procedures established by CTED? (EDGAR CFR 80.36 and 80.37)		
Does the program agree to participate in both process evaluation and outcome evaluation implemented by CTED? (Title IV 4115(a))		
Does the program assure that funds will not be used for supplantation? (2 CFR Part 225)		
Does the program comply with the match requirement of 25%? (RCW 43.270.020(2)(5))		
Does the program maintain generally accepted accounting principles, including securing and documenting the matching funds requirements to ensure the proper disbursement of, and accounting for all funds received pursuant to this application? (EDGAR CFR 80.30)		
Does the program comply with the Americans with Disabilities Act? (1990 42 U.S.C. Section 12101)		
Does the program comply with the requirement not to use funds to lobby? (U.S.C. Section 1352, Title 31 / 28 CFR, Part 69)		
Does the program comply with debarment and suspension requirements? (Executive Order 12549, Debarment / 28 CFR, Part 67)		
Does the program comply with the Drug-Free Workplace Act? (28 CFR, Part 67)		

Needs Assessment

This form can be used to compile needs assessment information to enter into the Safe and Drug Free Data System. All information is required unless otherwise noted. Reference the Data System User's Guide for further information.

1. What data did you use when conducting your needs assessment? Check all that apply.

<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
	Healthy Youth Survey data		Search Institute Survey data
	DSHS/ORDA County Profile data		School Report Card (OSPI website) data
	Substance Abuse Prevention/Intervention Specialists Program (SAPISP) data		Youth Risk Behavior Survey data
	Rocky Mountain Survey data		Weapons, Truancy, Student Behavior data
	Pride Survey data		Other data

2. Who was involved in your assessment process, including the individuals on advisory boards/councils? Check all that apply.

<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
	Parent Representative(s)		Law Enforcement Representative(s)
	Youth Representative(s)		Health Care Professional Representative(s), including treatment providers
	Educational Representative(s)		Mental Health Service Provider Representative(s)
	Private School Representative(s)		Faith-based organization Representative(s)
	Community-Based Organization Representative(s)		Tribe or Tribal Organization Representative(s)
	Local Government Representative(s)		Other Representative(s)
	State Government Representative(s)		

3. What populations did you consider as a part of your needs assessment? Check all that apply.

<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
	Public School Students		Pregnant and Parenting Youth
	Private School Students		School Dropouts
	Parents		Individuals Needing Mental Health Services Related to Drug and Violence Prevention
	Community Members		Children and Youth not Normally Served by State or Local Education Agencies
	Youth in Juvenile Detention Facilities		Other Population(s)
	Runaway and Homeless Youth		

4. ***(Optional)*** There is an on-line area to provide comments regarding the needs assessment process and outcome. Use the back of this form to make notes you would like to include in the Safe and Drug Free Data System.

Program Objective

This form can be used to compile program objective information to enter into the Safe and Drug Free Data System. All information is required unless otherwise noted. Reference the Data System Desk Reference for further information.

PLAN YEAR: _____

Domain (Use Reference Sheet #1 to preview the Domain, Risk/Protective Factors, and Goals available in the data system).
Risk/Protective Factor (Use Reference Sheet #1 to preview the Domain, Risk/Protective Factors, and Goals available in the data system).
Goal (Use Reference Sheets #1 or #2 to preview the Goals available in the data system).

FOR:

Target Population for this Objective (Use Reference Sheet #3 to preview the objective target populations available in the data system).
State Benchmark (Use Reference Sheet #3 to preview the state benchmarks available in the data system).

Program Objective

This form can be used to compile program objective information to enter into the Safe and Drug Free Data System. All information is required unless otherwise noted. Reference the Data System Desk Reference for further information.

(Optional) Local Performance Measures *You may provide any one or all of the following items.*

Data Source (Use Reference Sheet #3 to preview the data sources available in the data system).			
Item to Measure			
From Baseline Value:	(Quantity)	(% or #)	On (Date)
To Target Value:	(Quantity)	(% or #)	On (Date)
Comments: <i>There is also an on-line area to provide additional comments pertaining to Local Performance Measures.</i>			

Program Activity

This form can be used to compile program activity information to enter into the Safe and Drug Free Data System. All information is required unless otherwise noted. Reference the Data System Desk Reference for further information.

The objective(s) this activity will address (list/check all that apply)

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Activity Type (check only one)

✓	
<input type="checkbox"/>	Scientific-based Activity
<input type="checkbox"/>	Other Activity

Activity Name *If Science-based, use Reference Sheet # 3 for allowable activities. If other, write the name.*

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Activity Category (check only one)

✓		✓	
<input type="checkbox"/>	Student Assistance Program	<input type="checkbox"/>	Character Education Program
<input type="checkbox"/>	Information Dissemination	<input type="checkbox"/>	School Safety Hotline
<input type="checkbox"/>	Professional Development	<input type="checkbox"/>	Community Service Project
<input type="checkbox"/>	Family and Community Activities	<input type="checkbox"/>	Employee Background Checks
<input type="checkbox"/>	Community Planning and Organizing	<input type="checkbox"/>	Youth Suicide Training
<input type="checkbox"/>	School-based Mental Health Services	<input type="checkbox"/>	Domestic Violence and Child Abuse Programs
<input type="checkbox"/>	Conflict Resolution Programs	<input type="checkbox"/>	Evaluation of Authorized Activities
<input type="checkbox"/>	Alternative Education Program	<input type="checkbox"/>	Acquiring and Installing Metal Detectors
<input type="checkbox"/>	Mentoring	<input type="checkbox"/>	Reporting Criminal Offenses
<input type="checkbox"/>	Victimization Programs	<input type="checkbox"/>	Developing School Security Plan
<input type="checkbox"/>	Drug Testing	<input type="checkbox"/>	Resource Center
<input type="checkbox"/>	Locker Inspection	<input type="checkbox"/>	Supporting Safe Zones
<input type="checkbox"/>	Emergency Intervention	<input type="checkbox"/>	Hiring and Training for School Security Officers
<input type="checkbox"/>	Transferring Suspension/Expulsion Records	<input type="checkbox"/>	

Program Activity

This form can be used to compile program activity information to enter into the Safe and Drug Free Data System. All information is required unless otherwise noted. Reference the Data System Desk Reference for further information.

Strategy Type (check only one)	<input checked="" type="checkbox"/>	
	<input type="checkbox"/>	Universal
	<input type="checkbox"/>	Selective
	<input type="checkbox"/>	Indicated

Activity Focus (check only one)	<input checked="" type="checkbox"/>	
	<input type="checkbox"/>	General Prevention
	<input type="checkbox"/>	Community Organizing
	<input type="checkbox"/>	Meth Action Team

Proposed Start Date		Proposed End Date	
(Optional) Description			

Funding/Partner for this activity (check all that apply)	<input checked="" type="checkbox"/>	Funding/Partner	Amount	<input checked="" type="checkbox"/>	Funding/Partner	Amount
	<input type="checkbox"/>	SDFSC School		<input type="checkbox"/>	DASA	
	<input type="checkbox"/>	SDFSC CM		<input type="checkbox"/>	Law Enforcement/Juvenile Justice	
	<input type="checkbox"/>	SAPISP		<input type="checkbox"/>	Service/Civic Organization	
	<input type="checkbox"/>	School District		<input type="checkbox"/>	Local Business	
	<input type="checkbox"/>	Educational Service District (ESD)		<input type="checkbox"/>	Faith Based Organization	
	<input type="checkbox"/>	Readiness to Learn		<input type="checkbox"/>	Tribe/Tribal Organization	
	<input type="checkbox"/>	City/County		<input type="checkbox"/>	Community Members/Volunteers	
	<input type="checkbox"/>	Tobacco Prevention		<input type="checkbox"/>	Other	

Priority Populations (check if applicable)	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
	<input type="checkbox"/>	Children and youth not normally served	<input type="checkbox"/>	Pregnant and Parenting Teens
	<input type="checkbox"/>	Youth in Juvenile Detention Facilities	<input type="checkbox"/>	School Dropouts
	<input type="checkbox"/>	Runaway and Homeless Youth	<input type="checkbox"/>	Individuals needing mental health services
	<input type="checkbox"/>	Homeless Youth	<input type="checkbox"/>	

Program Activity

This form can be used to compile program activity information to enter into the Safe and Drug Free Data System. All information is required unless otherwise noted. Reference the Data System Desk Reference for further information.

	✓		✓		✓	
Sub-Target Population For this Activity		Pre-K (Ages 0–4)		Grade 6 (Ages 11–12)		Young Adult (Ages 18–24)
		Kindergarten (Ages 5–6)		Grade 7 (Ages 12–13)		Adult (Ages 64)
		Grade 1 (Ages 6–7)		Grade 8 (Ages 13–14)		Senior (Ages 65+)
		Grade 2 (Ages 7–8)		Grade 9 (Ages 14–15)		
		Grade 3 (Ages 8–9)		Grade 10 (Ages 15–16)		
		Grade 4 (Ages 9–10)		Grade 11 (Ages 16–17)		
		Grade 5 (Ages 10–11)		Grade 12 (Ages 17–18)		

Activity Evaluation Plan

How will you measure this activity?	✓		✓	
		Survey		CTED Tool–Individual Domain
		Pre–Post Survey		CTED Tool–School Domain
		Interview		CTED Tool–Community Domain
		Observation		Other tool
		CTED Tool–Family Domain		

Population being measured	
Recipients of results	
Method of dissemination	
Comments	

Activity Reporting

This form can be used to compile activity information to enter into the Safe and Drug Free Data System. All information is required unless otherwise noted. Reference the Data System Desk Reference for further information.

Activity Name

☐ Activity Not Implemented

If not, please provide the reason the activity was not implemented.

☐ Activity Implemented

Verify start and end data and funding source/partner information

Activity Reporting

This form can be used to compile activity information to enter into the Safe and Drug Free Data System. All information is required unless otherwise noted. Reference the Data System Desk Reference for further information.

Comments concerning the evaluation of the activity. Please number your responses & answer the following questions.

1. Please describe any evidence of this activity's effectiveness in meeting your program goals or impacting substance abuse or violence. For example, survey results, participant comments, attendance rates, etc.
2. What were your activity's successes?
3. What were your activity's shortcomings or areas of possible improvement?

Comments concerning the implementation of the activity. Please number your responses & answer the following questions.

4. If you are planning to continue the activity, will you be making any changes to your activity in response to perceived shortcomings or ideas for improvement? Please explain.
5. Are there any specific components of this activity that the CM funding allowed you to do that would not otherwise have been done?
6. (optional) Any other comments?

Activity Reporting

This form can be used to compile activity information to enter into the Safe and Drug Free Data System. All information is required unless otherwise noted. Reference the Data System Desk Reference for further information.

Location

☐ Countywide (Check box if Activity provides services for participants throughout the county)

Location Name _____

Address _____

Address continued _____

City, State, Zip _____

Number of Activity Sessions	
Number of Service Hours	
Number of Volunteer Hours (not reported elsewhere in the system)	
Number of Community Organizing Hours (not reported elsewhere in the system)	

Activity Reporting

This form can be used to compile activity information to enter into the Safe and Drug Free Data System. All information is required unless otherwise noted. Reference the Data System Desk Reference for further information.

Participant Information (If Community Organizing, use the community organizing report form.)

	#
Number of Unduplicated participants	

Ethnicity of Participants	#
Spanish, Hispanic, or Latino	

Gender of Participants One per participant, total count must match total participant count	
Female	
Male	
TOTAL	

Race of Participants One per participant, total count must match total participant count	
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or other Pacific Islander	
White	
Multi-racial	
TOTAL	

Age of Participants One per participant, total count must match total participant count		#		#
	Pre-K (Ages 0–4)		Grade 8 (Ages 13–14)	
	Kindergarten (Ages 5–6)		Grade 9 (Ages 14–15)	
	Grade 1 (Ages 6–7)		Grade 10 (Ages 15–16)	
	Grade 2 (Ages 7–8)		Grade 11 (Ages 16–17)	
	Grade 3 (Ages 8–9)		Grade 12 (Ages 17–18)	
	Grade 4 (Ages 9–10)		Young Adult (Ages 18–24)	
	Grade 5 (Ages 10–11)		Adult (25–64)	
	Grade 6 (Ages 11–12)		Seniors (+65)	
	Grade 7 (Ages 12–13)		TOTAL	

☐ **Has Large Event?** If yes, use the Large Event Reporting Form to collect the necessary information.

Large Event Activity Reporting

This form can be used to compile large event activity information to enter into the Safe and Drug Free Data System. All information is required unless otherwise noted. Reference the Data System Desk Reference for further information.

Activity Name

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☐ **Activity Has Large Event**

#

Number of Volunteer Hours (not reported elsewhere in the system)	
Number of Community Organizing Hours (not reported elsewhere in the system)	
Estimate Number of Participants attending the Large Event	
Estimate Number of Participants exposed to Media Campaign	
Estimate Number of Literature Distributed	
Estimated Number of Youth (Age 0–17) Participant	
Estimated Number of Adults (Age 18+) Participants	

Community Organizing Reporting

This form can be used to compile Community Coalition information to enter into the Safe and Drug Free Data system. All information is required unless otherwise noted. Reference the Data System Desk Reference for further information.

Activity Name

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Coalition Name

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#

Number of Volunteer Hours (not reported elsewhere in the system)	
Number of Community Organizing Hours (not reported elsewhere in the system)	
Number of Coalition Meeting Hours	

☐ **Has Large Event?** If yes, use the Large Event Reporting Form to collect the necessary information.

Year End Outcome Reporting

This form can be used to compile Year End Objective information, as well as Program Highlight information to enter into the Safe and Drug Free Data System. All information is optional. Reference the Data System Desk Reference for further information.

Objective	Actual Year End Value (% or #)	Notes

Program Highlights	
Program Outcomes	
Specific Community Partners	

Year End Evaluation

This form can be used to compile Year End Evaluation information to enter into the Safe and Drug Free Data System. All information is optional. Reference the Data System Desk Reference for further information.

Greatest challenge in implementing the SDFSC program	
Suggestions for improving the SDFSC program	
Greatest challenge in implementing the SDFSC Data System	
Suggestions for improving the SDFSC Data System	
Types of technical assistance you would like regarding SDFSC	

Year End Evaluation

This form can be used to compile Year End Evaluation information to enter into the Safe and Drug Free Data System. All information is optional. Reference the Data System Desk Reference for further information.